

## UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

Frederick Thomas Abello III

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Buck County Correctional Facility  
 Prime Care Medical Dept  
 Walden Clifton Mitchell, CO/TouRE  
 CO/MERSON

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

**COMPLAINT FOR VIOLATION OF CIVIL RIGHTS**  
 (Prisoner Complaint)

**NOTICE**

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

The Clerk will not file a civil complaint unless the person seeking relief pays the entire filing fee (currently \$350) and an administrative fee (currently \$52) in advance, or the person applies for and is granted in forma pauperis status pursuant to 28 U.S.C. § 1915. A prisoner who seeks to proceed in forma pauperis must submit to the Clerk (1) a completed affidavit of poverty and (2) a copy of the trust fund account statement for the prisoner for the six month period immediately preceding the filing of the complaint, obtained from and certified as correct by the appropriate official of each prison at which the prisoner is or was confined for the preceding six months. See 28 U.S.C. § 1915(a)(2).

If the Judge enters an order granting a prisoner's application to proceed in forma pauperis, then the order will assess the filing fee (currently \$350) against the prisoner and collect the fee by directing the agency having custody of the prisoner to deduct an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prison account or the average monthly balance in the prison account for the six-month period immediately preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for each month that the balance of the account exceeds \$10.00, until the entire filing fee has been paid. See 28 U.S.C. § 1915(b). A prisoner who is granted leave to proceed in forma pauperis is obligated to pay the entire filing fee regardless of the outcome of the proceeding, and is not entitled to the return of any payments made toward the fee.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Frederick T. Abello III

All other names by which  
you have been known:

Freddy Abello

ID Number

078237

Current Institution

Address

City

State

Zip Code

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Bucks County Correctional Facility  
Clifton Mitchell Warden.Job or Title (*if known*)

Warden

Shield Number

Employer

Bucks CO Prison

Address

1730 S. EASTON ROAD

Doylestown,

PA

18901

City

State

Zip Code

☐

Individual capacity

☐

Official capacity

Defendant No. 2

Name

Prime Care Medical Department

Job or Title (*if known*)

Shield Number

Employer

Prime Care Medical

Address

1730 S. EASTON ROAD

Doylestown

PA

18901

City

State

Zip Code

☐

Individual capacity

☐

Official capacity

## Defendant No. 3

Name

CO / TOURÉ

Job or Title (if known)

corrections officer

Shield Number

Employer

BUCKS COUNTY PRISON

Address

1730 S. EASTON RD

DOYLESTOWN

City

PA

State

18901

Zip Code

☐

Individual capacity

☐

Official capacity

## Defendant No. 4

Name

CO / MERSHEN

Job or Title (if known)

corrections officer

Shield Number

Employer

BUCKS COUNTY PRISON

Address

1730 S. EASTON ROAD

DOYLESTOWN

City

PA

State

18901

Zip Code

☐

Individual capacity

☐

Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐Federal officials (a *Bivens* claim)☒

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

EXCESSIVE FORCE RESULTING IN MAJOR MEDICAL ISSUES.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

EXCESSIVE FORCE

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

back with all force why handcuffed aggressively pushing me forward and aggressively snatching me  
 III. Prisoner Status Rebreating my shoulder on Rotator cuff which I now need 2 separate surgery's

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☒ Other (explain) was being held for a frivolous warrant for a frivolous violation.

## IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

while in custody and being transported to detox checks per medical



4/8/25

on or about June 2024 I WAS BEING HELD IN Bucks co. prison for a warrant on violation of probation, prior to my arrest I HAD A previous injury where I sustained a broken left humerus broken left shoulder, in which I spent April 2024 and May 2024 in physical therapy at J.A.B physical therapy in Bensalem, PA. My shoulder was at the point of healed, upon me entering Bucks co. prison I informed them that I HAD A recent shoulder and head injury and its almost impossible for me to cuff up behind my back, so per prime care med. dept I was supposed to be cuffed in the front due to the severity of my injury healing on the way to my Detox checks officer C/O TOURK and C/O Mershon were the 2 transporting me from my cell to medical where I was supposed to be cuffed from the front, I was to be by C/O Mershon I dont give a fuck who says cuff you in the front, either you turn around and cuff up or im gonna drag you out of the cell cuffed, I DIDNT WANT NO trouble and I struggled to put my hands behind my back and was cuffed once out of the cell as C/O Mershon was holding my cuffs C/O TOURK WAS pushing me forward with his forearm knocking me off balance as soon as I would start to fall forward



Clo mershon would snatch me back as hard as he could & yelled out stop doing that your hurting my arm, my shoulder is really broken they proceeded to laugh at me like it was a joke as I was in agonizing pain, the nurses yelled at the officers do not handle him like that he's really got injuries, the following day upon detox checks it was the same 2 officers once again told me to cuff up from behind, then all the black clo's were calling me pussy boy laughing at me like it was a joke this time do/tauke was the one being super aggressive and acting like a turf bully they entire way to medical, I felt my arm be break in 2 separate places and now I need 2 surgeries one on my rotated cuff the other on my shoulder. When I asked for a grievance I was told to ask the counselor who was never there and I was locked in the entire time, I wrote 3 grievances on green Request slips, I also stopped the warden Clifton mitchell who said he was aware of the situation. they ordered x-rays but they shipped me out before showing me the results, I believe the results came back and they saw the severity of how bad they damaged my shoulder and transferred me out to detox for 2 weeks. once I was released to come to the rehab center



where I WAS sent to upmc AND I WAS informed  
that the severity of my NEW INJURYs AND that  
I now NEED 2 SURGERYs, my X-RAYS show how  
BAD the INJURY is now COMPARED to the  
original INJURY.

C. What date and approximate time did the events giving rise to your claim(s) occur?

I WAS supposed to be cuffed in the front, I told CO/Toure /CO/mershon I am supposed to be cuffed in the front I HAD A PREVIOUS INJURY, I WAS told your gonna cuff up or be dragged out of the cell, once cuffed on the walk to medical both officers took turns pushing me forward with force AN SNATCHING ME BACK by the cuffs  
D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

Re breaking my shoulder in 2 places which now require surgery I was in physical therapy AN healing up once Re broke I now require 2 surgery's.

CO Toure  
CO mershon Took Turns Doing this over a 2 day period on the way to  
V. Delco Checks. "SEE ATTACHED"  
Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

MY shoulder was broken in March 2024 I DID NOT NEED SURGERY I WAS IN PHYSICAL THERAPY AND DOING FINE UNTIL I WAS HELD IN CUSTODY IN Bucks County Prison AFTER THIS INCIDENT THE PRISON TOOK X-RAYS, AN SHIPPED ME TO Delaware County Prison BEFORE SHAVING ME THE RESULTS BECAUSE THEY REALIZED HOW BAD MY INJURY WAS NOW WHERE I STAYED IN Delco FOR 1 WEEK AN WAS RELEASED TO CORCORAN REHABILITATION CENTER  
CO Toure AN CO mershon DID TO MY ARM NOW REQUIRING SURGERY.  
VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I want them to pay all medical bills received from the dates after my incarceration from these INJURYS including my upcoming surgery's, I want to be compensated for loss of work AN \$150,000 for my shoulder, AN 150,000 for my rotator cuff total \$350,000 I think thats fair.



**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

*Bucks county correctional facility*

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☒ No

☒ Do not know

If yes, which claim(s)?

*All I WAS DENIED A GRIEVANCE I WROTE MY OWN ON REQUEST SLIPS  
AN SPOKE TO CLIFTON MITCHELL, AN PRIME CARE MEDICAL DEPT.*

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☒ No

- E. If you did file a grievance:

1. Where did you file the grievance?

*At Bucks County on a Request slip 3 of them*

2. What did you claim in your grievance?

*How CO/TOUR AN ED/MERSON WERE HANDLING ME*

3. What was the result, if any?

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

*They shipped me out before showing me my X-RAYS  
cause they SAW the DAMAGE they DID.*

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G.

I filed on a request slip was denied a grievance to/s the  
conduct was not present, I spoke to Warden Clifton m... AND MEDICAL  
Please set forth any additional information that is relevant to the exhaustion of your administrative  
remedies. PRIME CARE MED.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

#### VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.



- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

\_\_\_\_\_

3. Docket or index number

\_\_\_\_\_

4. Name of Judge assigned to your case

\_\_\_\_\_

5. Approximate date of filing lawsuit

\_\_\_\_\_

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition. \_\_\_\_\_

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

\_\_\_\_\_

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

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☒ Yes☐ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s)

Defendant(s)

~~CARRAN FROMHOLD COLLECTIONAL FACILITY~~ Frederick Abel  
 CARRAN FROMHOLD COLLECTIONAL FACILITY

2. Court (if federal court, name the district; if state court, name the county and State)

Federal

3. Docket or index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

2010

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition

N/A

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

Dismissed

**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

4/8/25

Signature of Plaintiff



Printed Name of Plaintiff

Frederick Thomas Abello

Prison Identification #

209-72-2836

Prison Address

Home 2584 WINCHESTER AVEPhiladelphia

City

PA

State

19152

Zip Code

**B. For Attorneys**

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

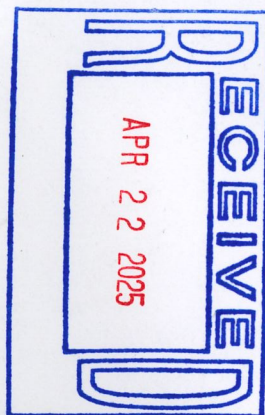
Zip Code

Telephone Number

E-mail Address



Federick Model #22994  
33 teen challenge. RB  
Hankshute, PA. 19330



clerk of courts  
601 market. st  
Pmth, PA. 19106

